

Gerontology Long-Term Care Track Internship Form
Bowling Green State University
228 Health and Human Services Building
Bowling Green, OH 43403

I, _____ have entered into an agreement with _____ to serve as my preceptor for an internship of _____ hours, beginning _____ under the conditions approved by the Ohio BELTSS and Bowling Green State University for this internship and ending _____.

Nursing Home Name: _____
Address: _____
Phone: _____

By affixing our signatures below, both the preceptor and I agree to abide by the standards set forth in Rule 4751-7-09, Administrator-in-Training Program and Rule 4751-1-05 Pre-examination requirements as enacted by BELTSS.

Student Signature _____ Date _____
Preceptor (please print) _____ License # _____
Preceptor's email _____
Preceptor Signature _____ Date _____
Internship Coordinator Signature _____ Date _____

I (student) understand that this internship will last a minimum of 20 weeks and will not fit in the course of one semester. _____ Student please initial
Student's BG ID # _____

All course work was completed: (check one and fill in year)

Fall _____ Spring _____ Summer _____ Year _____

Send original copy to the Gerontology Internship Coordinator.